

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)				Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <span style="font-size: 2em;">2</span>	
<small>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.</small> <b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>							
1. CONTRACT/PURCH ORDER NO. F42600-02-G-0007		2. DELIVERY ORDER NO. <span style="font-size: 1.5em;">UB24</span>		3. DATE OF ORDER (YYMMDD) SEP 08 2003		4. REQUISITION/PURCH REQUEST NO. ADE03247-047	
5. PRIORITY DO-A7		6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E BROAD ST., P O BOX 16704 COLUMBUS OH 43216-5010 614-692-8609 CONTRACT SPECIALIST: RICHARD BEBEL/DSCC-NEB		7. ADMINISTERED BY (If other than 6) CMDR DCMC LOCKHEED FT WORTH P O BOX 371 FT WORTH TX 76101-0371 CDC CODE: A PAS: N		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR NAME AND ADDRESS LOCKHEED MARTIN CORP LOCKHEED MARTIN TACTICAL AIRCRAFT LOCKHEED BLVD., P O BOX 748 FORT WORTH TX 76101		CODE 81755		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) SEP 18 2003 (10)	
				12. DISCOUNT TERMS NET 30 DAYS		11. MARK IF BUSINESS IS: <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
				13. MAIL INVOICES TO SAME AS PAYMENT OFFICE			
14. SHIP TO SEE CONTINUATION SHEET(S) ATTACHED		CODE		15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER ATTN: DFAS-CO/LSCAB P O BOX 182317 COLUMBUS OH 43218-2317		CODE S33184	
				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. DELIVER <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. TYPE OF ORDER PURCHASE Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYMMDD) <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 260 S33 - 150							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED	21. UNIT	22. UNIT PRICE	23. AMOUNT		
0001	Switch, Radio P/N KR8928-281-96 (91836) or (81755) C9803-3  fob, inspection/acceptance shall be at: FT Worth TX variation in quantity limited to: increase 0 %, decrease 0 % all terms and conditions of the cited boa apply.  NOTICE TO CONTRACTORS: This is rated order certified for national defense use, and you are required to follow all provisions of the Defense Priority and Allocation System regulation (15 CFR 350)	1	EA	1857 <sup>00</sup>	1857 <sup>00</sup>		
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: KIMBERLY M. WATSON CONTRACTING OFFICER			25. TOTAL 1857 <sup>00</sup> 29. DIFFERENCE 30. INITIALS		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO. 32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS	
37. RECEIVED AT		38. RECEIVED BY (Print)		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

